

# Utah Influenza Report

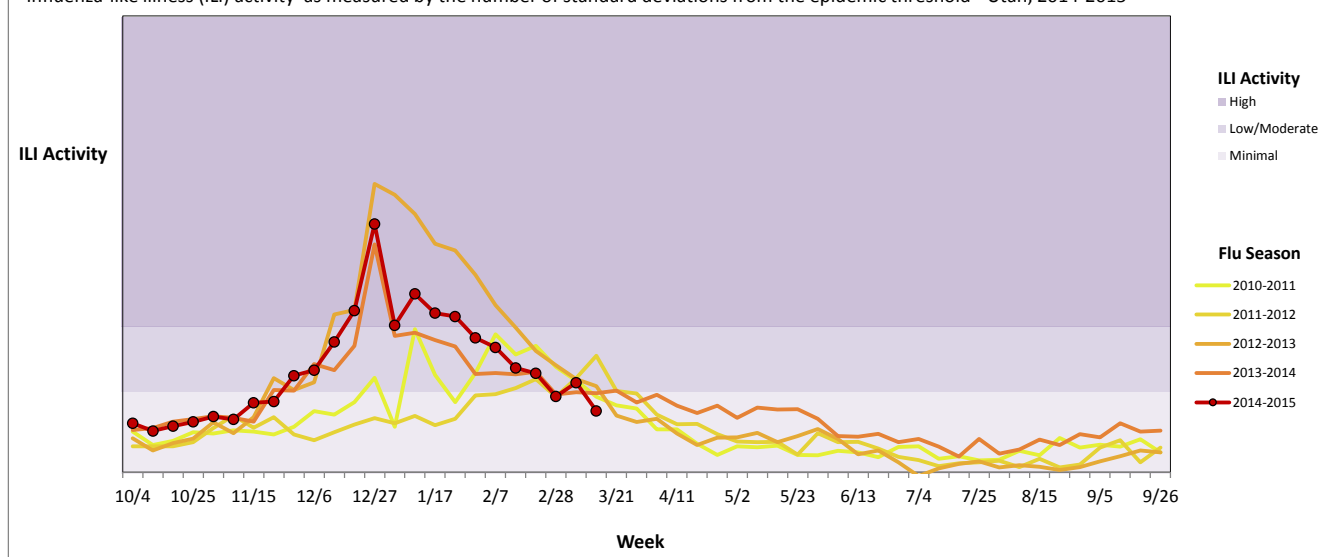
This report contains data through the week ending 03/14/2015 (MMWR week 10).

Overview of Influenza Surveillance: Surveillance for the 2014-2015 influenza season officially began on September 28, 2014. The Utah Department of Health publishes a weekly report throughout the active influenza season that synthesizes data from a variety of sources to give the most complete and up-to-date picture of influenza activity in the state of Utah. Data in this report should be considered provisional, and may change as more complete reports are received.

**Influenza-like Illness (ILI):** The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) is a national system that conducts surveillance for influenza-like illness (ILI) in outpatient healthcare facilities. ILINet providers report weekly the total number of patients seen for any reason and the number of patients seen with ILI (defined as a fever  $\geq 100^{\circ}$  F and a cough or sore throat). These data are used to determine the amount of ILI circulating in the community, as well as provide insight into regional differences in ILI activity. More than 50 facilities within 10 health jurisdictions throughout Utah participate in ILINet.

**Figure 1. Weekly Influenza-like Illness Activity**

Influenza-like illness (ILI) activity as measured by the number of standard deviations from the epidemic threshold - Utah, 2014-2015



**Table 1. Influenza-like Illness (ILI) Activity Levels by Health District - Utah, Current Week**

Health District	ILI Activity
Bear River	Minimal
Central Utah	Minimal
Davis County	Minimal
Salt Lake County	Minimal
Southeast Utah	No Data *
Southwest Utah	Low/Moderate
Summit County	Minimal
Tooele County	Minimal
TriCounty	No Data *
Utah County	Minimal
Wasatch County	Minimal
Weber-Morgan	Minimal
<b>State Average</b>	<b>Minimal</b>

\*No participating sites in this jurisdiction

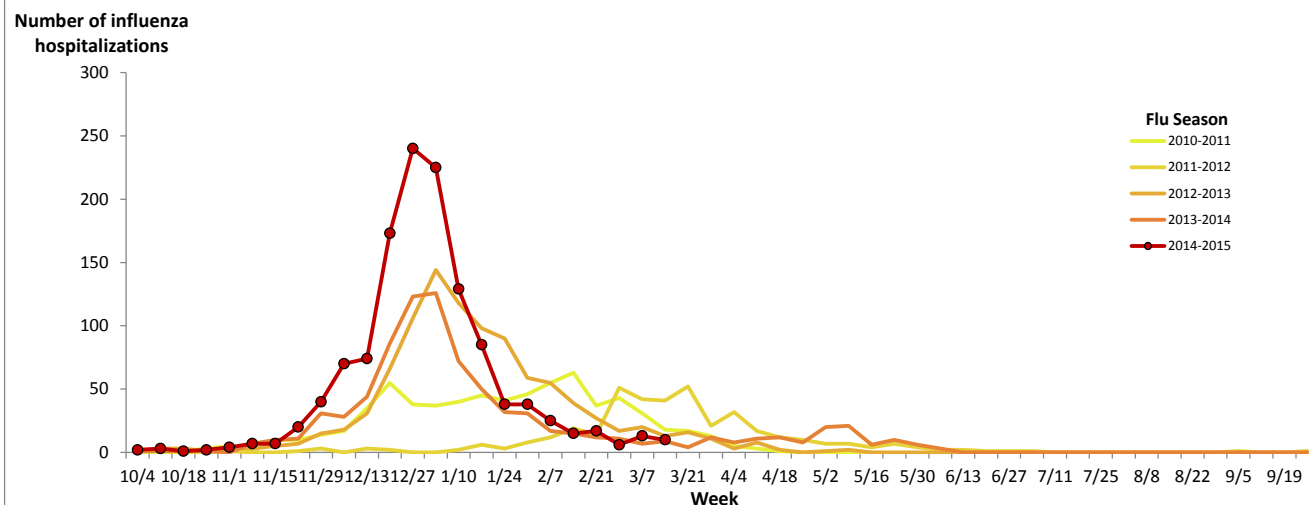
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**Influenza Hospitalizations:** Influenza hospitalizations are a reportable condition in Utah. A person meets the case definition for an influenza hospitalization if they are hospitalized for any length of time and have an influenza positive serology, DFA, PCR, culture or rapid influenza diagnostic test. Public health in Utah gathers a variety of data on influenza hospitalizations including clinical features, course of illness, risk and protective factors, and influenza type and subtype. Data from influenza hospitalizations allows public health in Utah to better understand subgroups of the Utah population that are most severely affected by influenza and help to guide prevention messages and interventions.

**Figure 2. Influenza Hospitalizations**

Number of influenza hospitalizations by event date\* - Utah, 2014-2015



\*Event date is calculated based on a hierarchy of dates: 1. onset date 2. specimen collection date 3. date reported to public health.

**Table 2. Influenza Hospitalizations by Health District - Utah**

Health District	Current Week	Season To Date
Bear River	1	50
Central Utah	0	20
Davis County	3	126
Salt Lake County	5	640
Southeast Utah	0	2
Southwest Utah	0	89
Summit County	1	21
Tooele County	0	8
TriCounty	0	19
Utah County	0	145
Wasatch County	0	7
Weber-Morgan	0	117
<b>State Total</b>	<b>10</b>	<b>1244</b>

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**Table 3. Influenza Hospitalizations by Age Group - Utah, Season To Date**

Age Group	Total Cases	% of Cases	Rate*
0-4	118	9.5	44.4
5-24	104	8.4	10.9
25-49	137	11.0	14.4
50-64	185	14.9	44.7
65+	700	56.3	266.5
<b>Total</b>	<b>1244</b>	<b>100.0</b>	<b>43.6</b>

\*Rate is calculated as the number of cases per 100,000 population

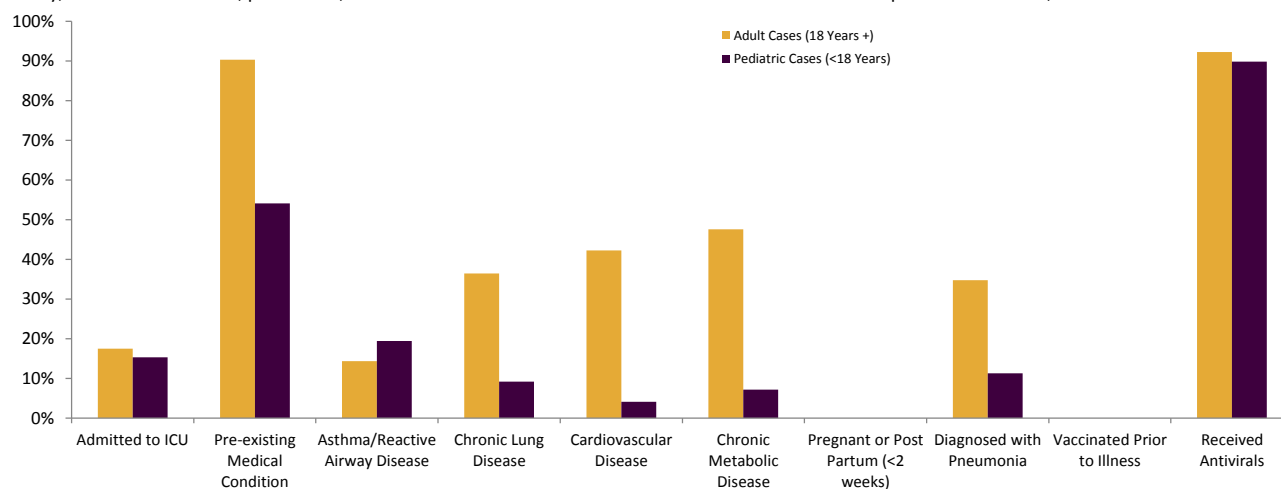
**Table 4. Influenza Hospitalizations by Sex and Race - Utah, Season To Date**

Variable	Num. of Cases	% of Cases	% in Utah Pop	p value*
Sex				
Male	598	48.1	50.2	0.1249
Female	641	51.5	49.8	0.2123
Unknown	5	0.4	NA	--
Race				
White, Not Hispanic	868	72.6	79.9	0.4167
Hispanic	111	9.3	11.9	<0.0001
Native Hawaiian/Pacific Islander	29	2.4	1.0	<0.0001
Black/African American	16	1.3	1.3	<0.0001
American Indian	10	0.8	1.5	<0.0001
Asian	16	1.3	2.2	<0.0001
Unknown	145	12.1	NA	--

\*If a p value is  $\leq 0.05$ , there is a significant difference between the percentage seen in influenza hospitalizations and the general Utah population.

**Figure 3. Summary Data for Influenza Hospitalizations**

Severity, common risk factors, prevention, and treatment information collected on a subset of influenza hospitalizations - Utah, 2014-2015



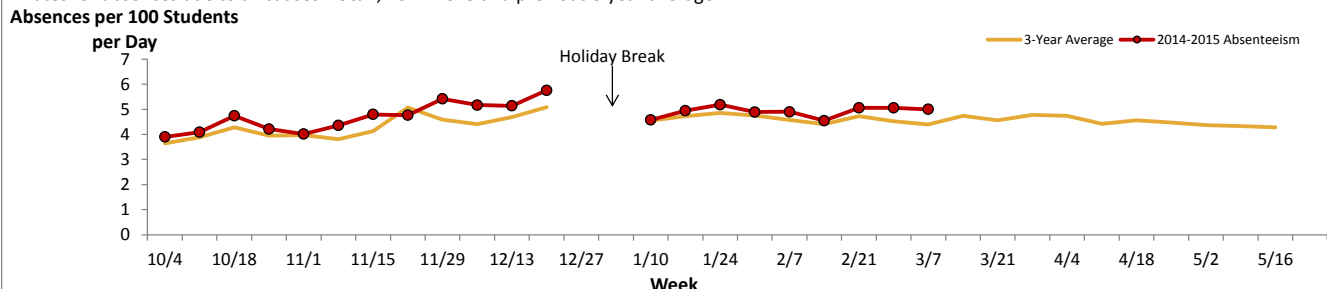
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**Student Absenteeism:** School-age children are at high risk for respiratory virus infections, including influenza. Aggregate, all-cause absenteeism data is collected weekly from over 350 schools throughout Utah. These data are analyzed to identify elevated absenteeism rates that could indicate the circulation of influenza in school-age children.

**Figure 4. Student Absenteeism by Week**

Rates for absences due to all causes - Utah, 2014-2015 and previous 3 year average



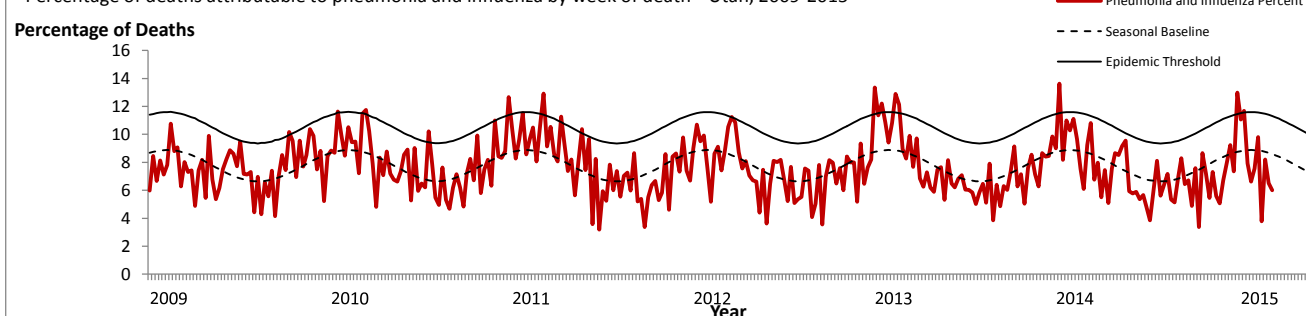
**Table 6. Weekly Student Absenteeism - Utah, Current Week**

Health District	Absences per 100 students/day
Bear River	3.5
Central Utah	4.2
Davis County	4.1
Salt Lake County	4.2
Southeast Utah	6.0
Southwest Utah	5.7
Summit County	5.8
Tooele County	5.7
TriCounty	6.7
Utah County	2.6
Wasatch County	4.3
Weber-Morgan	5.9
<b>State Average</b>	<b>4.8</b>

**Pneumonia and Influenza Deaths:** Each week the total number of death certificates received and the number of those for which pneumonia or influenza was listed as an underlying or contributing cause of death is collected. The percentage of deaths due to pneumonia and influenza are compared with a seasonal baseline and epidemic threshold value calculated for each week. These data are used to monitor the severity of influenza illness in the community.

**Figure 5. Pneumonia and Influenza Deaths**

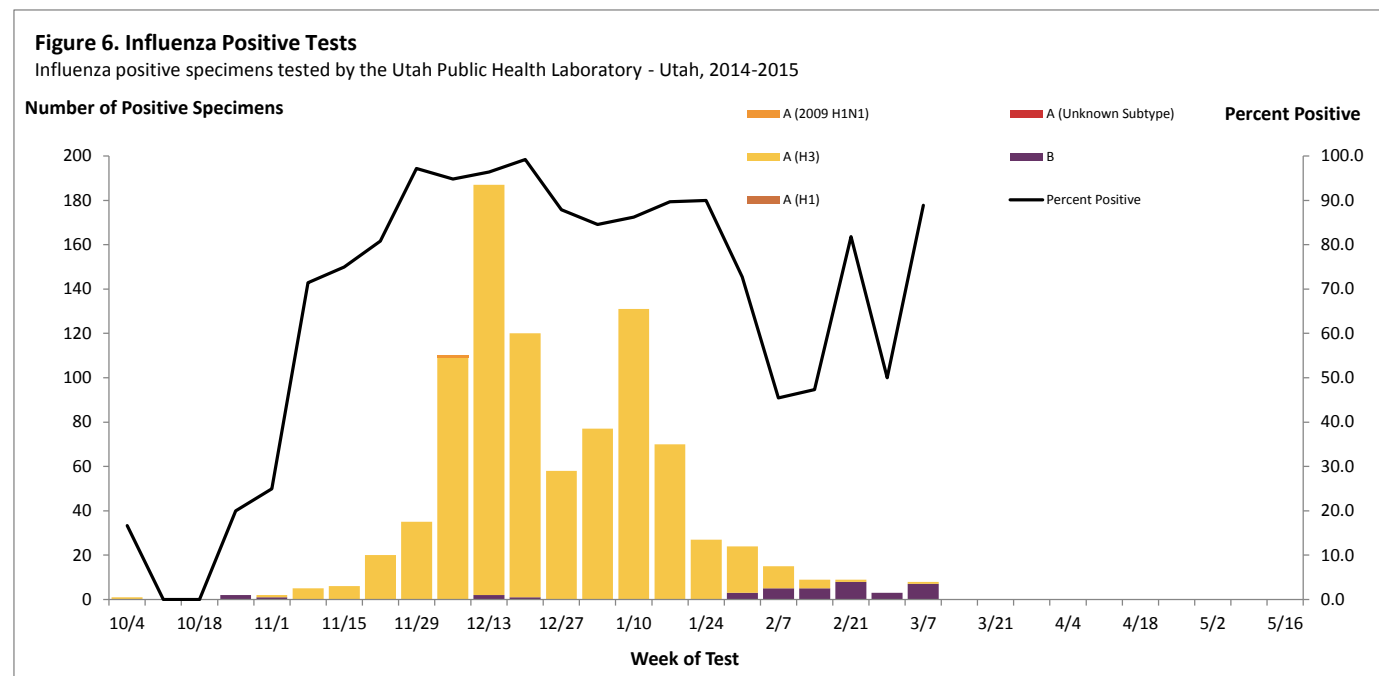
Percentage of deaths attributable to pneumonia and influenza by week of death - Utah, 2009-2015



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**Laboratory Surveillance:** The Utah Public Health Laboratory receives specimens from all over the state for comprehensive influenza testing. All specimens are tested to determine influenza type and subtype. A portion of specimens are also sent to the Centers for Disease Control and Prevention for additional testing, including gene sequencing, antiviral resistance testing and antigenic characterization.



**Table 8. Utah Public Health Laboratory Influenza Testing Data**

	Current Week		Season To Date	
	Total	Percent	Total	Percent
Specimens tested	9	--	1,050	--
Positive specimens	8	88.9	921	87.7
<b>Positive Specimens by Type/Subtype</b>				
Influenza A	1	12.5	883	95.9
A (2009 H1N1)	0	0.0	1	0.1
A (H1)	0	0.0	0	0.0
A (H3)	1	100.0	882	99.9
A (unable to subtype)	0	0.0	0	0.0
Influenza B	7	87.5	38	4.1